

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 194025	RECEIPT DATE:	11 / 19 / 98
IA NUMBER:	PCT/ FR97 / 00897	IA FILING DATE:	05 / 22 / 97
FAMILY NAME:	BOUQUET	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	JEAN-FRANCOIS	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	05 / 23 / 96
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	XI/P6155USO	COUNTRY:	FRX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	
NAME:	LARSON & TAYLOR		
	TRANSPOTOMAC PLAZA		
STREET:	1199 NORTH FAIRFAX STREET		
	SUITE 900		
CITY:	ALEXANDRIA		
STATE/COUNTRY:	VA	ZIP:	223141437
EMAIL:			
APPLICATION TITLES:			
	IMMORTAL AVIAN CELLS		

TAB TO LAST POSITION,PUSH SEND

SERIAL NUMBER 09/194,025	FILING DATE 02/12/99	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. XI/P6155USO
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APPLICANT
JEAN-FRANCOIS BOUQUET, STE CONSORCE, FRANCE; CATHERINE CLEUZIAT, LYON, FRANCE; JACQUES SAMARUT, VILLEURBANNE, FRANCE; PHILIPPE DESMETTRE, ECULLY, FRANCE.

****CONTINUING DOMESTIC DATA*******

VERIFIED

Rx

****371 (NAT'L STAGE) DATA*******

VERIFIED THIS APPLN IS A 371 OF PCT/FR97/00897 05/22/97

Rx

****FOREIGN APPLICATIONS*******

VERIFIED FRANCE 96 06 630 05/23/96

Rx

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 03/11/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FRX	SHEETS DRAWING 1	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials <u>Rx</u> Initials _____					

SEE CUSTOMER NUMBER: 000881

ADDRESS

IMMORTAL AVIAN CELLS

TITLE

FILING FEE RECEIVED \$970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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